

10/588602

AP20 Rec'd PCT/PTO 07 AUG 2006

**APPLICATION DATA SHEET**

**Application Information**

Application Number::

Filing Date: HERewith:

Application Type:: UTILITY

Subject Matter::

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title: CATHETER DEVICE:

Attorney Docket Number: 39387-026 US NAT'L

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::

Total Drawing Sheets:: 7

Small Entity?: NO

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

**Applicant Information**

Application Authority Type: INVENTOR

Primary Citizenship Country: US:

Status: FULL CAPACITY:

Given Name:: QUINN

Middle Name::

Family Name:: TANG

Name Suffix::

City of Residence: GAITHERSBURG:

State or Province of Residence:: MARYLAND  
Country of Residence:: UNITED STATES  
Street of Mailing Address:: 31 LONGMEADOW DRIVE  
City of Mailing Address:: GAITHERSBURG  
State or Province of Mailing Address:: MARYLAND  
Country of Mailing Address:: UNITED STATES  
Postal or Zip Code of Mailing Address:: 20878

**Applicant Information**

Application Authority Type: INVENTOR  
Primary Citizenship Country: US:  
Status: FULL CAPACITY:  
Given Name:: PATRICK  
Middle Name:: Y.  
Family Name:: LU  
Name Suffix::  
City of Residence: ROCKVILLE:  
State or Province of Residence:: MARYLAND  
Country of Residence:: UNITED STATES  
Street of Mailing Address:: 17093 BRIARDALE ROAD  
City of Mailing Address:: ROCKVILLE  
State or Province of Mailing Address:: MARYLAND  
Country of Mailing Address:: UNITED STATES  
Postal or Zip Code of Mailing Address:: 20855

**Applicant Information**

Application Authority Type: INVENTOR  
Primary Citizenship Country: CN  
Status: FULL CAPACITY:  
Given Name:: FRANK  
Middle Name:: Y.  
Family Name:: XIE  
Name Suffix::

City of Residence: GERMANTOWN  
State or Province of Residence:: MARYLAND  
Country of Residence:: UNITED STATES  
Street of Mailing Address:: 13921 ROCKINGHAM ROAD  
City of Mailing Address:: GERMANTOWN  
State or Province of Mailing Address:: MARYLAND  
Country of Mailing Address:: UNITED STATES  
Postal or Zip Code of Mailing Address:: 20874

**Applicant Information**

Application Authority Type: INVENTOR  
Primary Citizenship Country: US:  
Status: FULL CAPACITY:  
Given Name:: MARTIN  
Middle Name:: C.  
Family Name:: WOODLE  
Name Suffix::  
City of Residence: BETHESDA:  
State or Province of Residence:: MARYLAND  
Country of Residence:: UNITED STATES  
Street of Mailing Address:: 8205 BEECH TREE ROAD  
City of Mailing Address:: BETHESDA  
State or Province of Mailing Address:: MARYLAND  
Country of Mailing Address:: UNITED STATES  
Postal or Zip Code of Mailing Address:: 20817

**Correspondence Information**

Correspondence Customer Number:: 61263

**Representative Information**

Representative Customer Number:: 61263

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
60/541,775	US	Provisional	FEB. 2, 2004

**Foreign Priority Information**

Country:	Application Number:	Filing Date:	Priority Claimed:
WIPO	WIPO	PCT/US2005/076998	FEB. 7, 2005

**Assignee Information**

Assignee Information:: INTRADIGM CORPORATION

City of Mailing Address:: ROCKVILLE

State or Province of Mailing Address:: MARYLAND

Country of Mailing Address:: UNITED STATES